

DECLARATION AND POWER OF ATTORNEY

Atty. Dkt. No.: 5898-000191

DECLARATION

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LITHOGRAPHIC PRINTING PLATE CONDITIONER AND METHOD FOR LITHOGRAPHIC PRINTING

the specification of which (check one)

- is attached hereto.
or
 was filed on _____ as Application Serial No. or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)				
APPN. SERIAL NO.	COUNTRY	DATE FILED (MM/DD/YYYY)	PRIORITY CLAIM	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

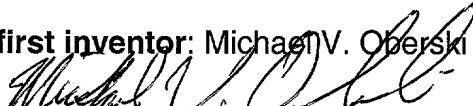
I hereby appoint each practitioner at Customer No. 27572 () of Harness, Dickey & Pierce, P.L.C., my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Customer No. 27572 (), Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

DECLARATION AND POWER OF ATTORNEY

Full name of sole or first inventor: Michael V. Oberski

Inventor's signature: 

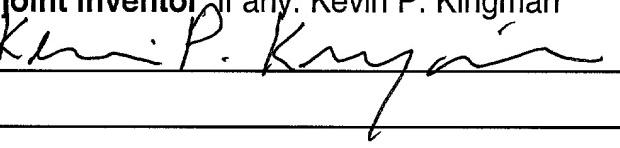
Date: October 24, 2001

Residence: 545 Dupont, Ypsilanti, Michigan 48197

Citizenship: United States of America

Mailing Address: 545 Dupont, Ypsilanti, Michigan 48197

Full name of second joint inventor, if any: Kevin P. Kingman

Inventor's signature: 

Date: 10-19-01

Residence: 25152 Mahogany Drive, Brownstown, Michigan 48134

Citizenship: United States of America

Mailing Address: 25152 Mahogany Drive, Brownstown, Michigan 48134

Full name of third joint inventor, if any: None

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

Mailing Address: _____

Full name of fourth joint inventor, if any: None

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

Mailing Address: _____

Full name of fifth joint inventor, if any: None

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

Mailing Address: _____